BEST AVA" ABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR	OTHER	
FOR		the second second			EXTRA	RATE	FEE	1	RATE	FEE
BA	SIC FEE					10116	380.00	OR		760.00
—	TAL CLAIMS		// minus 2	DO- #		1/2.0				
		/	U			X\$ 9=		OR	X\$18=	
	INDEPENDENT CLAIMS							OR	X78=	
	ILTIPLE DEPEN	+130=		OR	+260=					
* If	the difference	TOTAL		OR	TOTAL	7(1)				
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	##	=	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
	• •		TOTAL		OR	TOTAL				
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE]	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Indepëndent	*	Minus	*** PENDENT CLAIM	=	X39=		OR	X78=	
	FINOI FREGE	ENTATION OF MIC	JLIIPLE DEF	ENDENT CLAIM		+130=		OR	+260=	v
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	1	(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**	-	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=			X78=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		///		OR		•
+ 14	taka asamala nahu		-* i lu	O water 505 in eat		+130=		OR	+260=	
**	f the "Highest Nur f th "Highest Nur	mb r Pr viously Pa mb r Previously Pa	aid For" IN THIS aid For" IN THIS	nn 2, write "0" in colo S SPACE is less than S SPACE is less than Independ int) is the	n 20, ent r "20." n 3, enter "3."	ADDIT. FEE			TOTAL ADDIT. FEE	

This Form for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	(0.2						
APPLICATION	NUMBER:	09/	38.27	12/	3/		
					BEST	AVAILABI	LE COP
		Total Fe	e Calcula	tion	I		
	Fee Code	Total # Claims	Number Extra	x	Fee	Fec =	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	_
Basic Filing Fee	201/101			_		=	260
Total Claims >20	203/103	18 -20	-	X.			
Independent Claims >3	202/102	<u></u> -3 =	·	x		=	·
Mult. Dep Claim Present	204/104					=	
Surcharge	205/105						130
English Translation	139			•	•	•	
TOTAL FEE CALCULA	ATION	•			•-	·	SAL
Fees due upon filing t	he application:						
Total Filing Fees Due	= \$		800	_			
Less Filing Fees Subn	nitted - \$		Ø	_			
BALANCE DUE	= \$	f 4	0	_			
~ <i>M</i>							

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)